



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
LAND RECLAMATION COMMISSION  
**PERMIT RENEWAL FOR INDUSTRIAL MINERAL MINES**

P.O. BOX 176  
JEFFERSON CITY, MO 65102-0176

NAME OF CORPORATION, COMPANY, PARTNERSHIP OR INDIVIDUAL		DATE	
ADDRESS	CITY	STATE	ZIP CODE
CONTACT PERSON		TELEPHONE NUMBER	

**FEES: COMPLETE SECTION I OR SECTION II**  
**SECTION I. Fees: Open pit operators and those mining more than 5,000 tons of sand and/or gravel:**

**1. To compute the site fee complete the information below:**

SITE NAME OR NUMBER (add a separate sheet for additional sites)	Mark each month that the site will be operated during the permit year	For sites operated less than six months per permit year pay <b>\$150</b> For sites operated six months or more per permit year pay <b>\$300</b>
1.	Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec	\$
2.	Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec	\$
3.	Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec	\$
4.	Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec	\$
5.	Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec	\$
6.	Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec	\$
7.	Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec	\$
8.	Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec	\$
9.	Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec	\$
10.	Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec	\$
TOTAL SITE FEE →		\$

**2. Acreage Fee \$5 X \_\_\_\_\_ number of acres bonded .....\$**

**3. Annual Permit Fee.....\$ 500**

**4. Total Fee (Add totals from 1, 2 and 3).....\$**  
**NOTE: If Total Fee exceeds \$2,500.00 then pay only .....\$ 2,500**

**SECTION II. FEES: Sand or gravel operators mining less than 5,000 tons per year:**

**1. Annual Permit Fee.....\$ 300**

SIGNATURE OF APPLICANT	TITLE	DATE
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Appeared before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_  
to me personally known, who executed the above as their free acts and deeds.

NOTARY PUBLIC EMBOSSEER SEAL	STATE OF	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	USE RUBBER STAMP IN CLEAR AREA BELOW.	
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)		

FOR DEPARTMENT USE ONLY: APPROVED BY	DATE APPROVED	PERMIT NUMBER	EXPIRATION DATE
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